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PTO/SB/21 (6-98)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission					Application Number Filing Date First Named Inventor Group Art Unit Examiner Name Attorney Docket Number	May 23 Jamie M 3632 Not yet	09/863,718 May 23, 2001 Jamie M. Paske 3632 Not yet assigned 7836/83662				
Total N	umber of Fa	ages II	THIS SUDMISSION		Attorney bocket Number	7030/0	3002				
ENCLOSURES (check all that apply)											
	Fee Transmittal Form Fee Attached (\$396.00) Amendment/Response (Preliminary Amendment) After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53			Assignment Papers (for an Application) Formal Drawing(s) Transmittal Licensing-related Papers Petition Routing Slip (PTO/SB/69) and Accompanying Petition Petition to Convert to a Provisional Application Power of Attomey, Revocation Change of Correspondence Address Terminal Disclaimer Small Entity Statement		Gro App of A App (Ap Pro Sta	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notices, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s) (please identify below):				
				Request fo	r Refund		ROUP 3600				
			SIGNATURE	OF APPLIC	ANT, ATTORNEY,	OR AGEN	T				
Firm or Individual Name Mitchell Signature March				II J. Weinstein, Esq. (Reg. No. 37,963)							
CERTIFICATE OF MAILING											
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Mitchell J. Weinstein (Reg. No. 37,963) Typed or Printed Name											
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Date: File No.: March 6, 2002 7836/83662

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Jamie M. Paske

Group No.:

3632

Serial No.

09/863,718

Examiner:

Not yet assigned

Filed:

May 23, 2001

For:

Sir:

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APR 0 3 2002

Transmitted herewith is an amendment in the above-identified application.

GROUP 3600

() No additional fee is required.

Fee Calculation For Claims As Amended

		As Amended	Previously Paid For	Present Extra	Rate	Additional Fee				
Total C	laims	<u>_72</u>	- <u>64</u>	=8	X \$18.00	= \$144.00				
Indepe	ndent Claims	<u>15</u>	12	=3	X \$84.00	= \$252.00				
•	Dependent				\$260.00	= \$0				
Claims				Total Additional F	ee	\$396.00				
()	Small Entity F	ee (reduced by h	nalf).			\$				
(X)	A check in the amount of \$ 396.00 is attached.									
()	Charge \$ to Deposit Account No. 23-0920.									
((X)	The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 23-0920.									

Should no proper amount be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 23-0920. A duplicate copy of this sheet is enclosed.

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Mitchell J. Weinstein

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